

**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/803,243
Filing Date	March 9, 2001
First Named Inventor	Gad Liwerant
Art Unit	2421
Examiner Name	Dominic D. Saltarelli
Attorney Docket Number	5882-083473

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 28289

☒ Please change the correspondence address for the above-identified application to:

☐ The address associated with
Customer Number:

OR

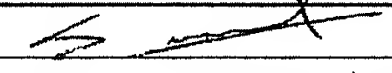
<input checked="" type="checkbox"/> Firm or Individual Name	The Webb Law Firm				
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature					
Name	GAD LIWERANT				
Date	NOV 10, 2008		Telephone	617-230-2247	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

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